#### FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically. 

2012 OCT 15 PM 2: 36

	RACCIDA	101118:		
COMMITTEE NAME (Must be same as on State	ement of Organization)			
Gamez For Supervisor			FORM	
IMPORTANT: Indicate by # type of committee you are (1) Statewide/Legialative/Judge Standing for Retentio (4) County Candidate (5) County Candidate Subdivision Candidate (8) County PAC (9) City PAC 11) Local Ballot Issue	in Candidate (2) State PAC (3) State Party (6) City Candidate (7) School Board or Other Politic	ad E	DR-2 Rev. 12/2009) DISCLOSURE REPORT For Office Use Only Comm. # 19033	
CANDIDATE COMMITTEES ONLY:			ogged in	-
Candidate Name Adolph Mick Gamez	Political Party (if applicable) Republican	1	Scanned	
Office Sought Howard County District 1 Supervisor	District (if Senate or House)		Audited	
ate reports are subject to possible civil and criminal andidate's committee, and the chairperson, for any	penalties. Pursuant to lowa Code sections 688.32 other type of committee, is the Individual responsit	A(7) and 60 ble for filing	8A.401(3), the candidate, for a timely and accurate reports.	
- All Of His Vita	363-627-4971		1000	
FIGNATURE DE PERSON FILING REPORT	563-547-4936 TELEPHONE	weter	DATE SIGNED	
	TELL HORE	Charles and Street	DATE SIGNED	an minus d
AM FILING A October 19th, 2012	REPORT FOR (1) ELECTIO	N //2\NON	ELECTION VEAD	
(report date)	Indicate by	Annahaman de	FELLOTION JEAN.	
CHECK IF AMENDMENT TO REPORT DATE				
Toursell Viernical IONELOW DVIE			mmittees, enter Date of Election	
Check if this is final (termination) report and a (You must continue to file reports until a		County &	ber 6th, 2012 Local Committees, enter County in ction is held	
STATEMENT OF CASH	ON HAND			
ASH ON HAND at the beginning of the reportin committee. This amount MUST be the of the last reporting period or must be z	g period. (Total of all funds held by the same as the cash on hand at the end sero if this is first report filed.)	\$	0.00	
ADD TOTAL MONEY TAKEN IN THIS				
Schedule A: Cash Contributions total (	Attach Schedule A) (*also see in-kind below)		1,273.00	
	sch Schedule F)		0.00	
	Property (Attach Schedule H)		0.00	
(Schedule H applies to Cand		***********		
	SUB-TOTAL	e	1,273.00	
SUBTRACT TOTAL MONEY SPENT I		**************************************	A	
	Schedule B) (**also see debts and loans below	,	944.78	
	thach Schedule F)		0.00	
ASH ON HAND at the end of this reporting perh				
		-		biological lines
TUNPAID BILLS (From Schedule D - Attach Sch				
N KIND CONTRIBUTIONS (From Schoolule E -				
OUTSTANDING LOANS (From Schedule F - A		\$		
ONSULTANT BREAKDOWN (Schedule G Atta	ches?)	-	YES NO	
CANDIDATE COMMITTEES ONLY:				
ALUE OF CAMPAIGN PROPERTY (From Scho	edule H - Attach Schedule H)	\$		

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS, SEE BACK OF FORM

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# EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	K THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Gamez For Supervisor

	CANDIDATE	NAME AND ADDRESS TO WHOM	PURPOSE	AMOUNT
DATE EXPENDED (MM/DD/YR)	ID NUMBER (if applicable) AND PAC CHECK NUMBER	EXPENDITURE (Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	EXPENDED
5/22/12	ID# CK#6370	Cresco Shopper	Ad for campaign	\$ 54.00
5/11/12	ID# CK# 6377	Times Plain Dealer Cresco, Iowa	Ad for campaign	51.60
7/26/12	ID# CK# 6391	Signs and Designs Cresco, Iowa	New lawn signs	314.11
7/28/12	ID# cash	Sam's Club Rochester, Mn	Candy for Parade	14.70
8/06/12	ID# cash CK#	Cresco Shopper	Banners and Streamers for Parade	13.59
8/25/12	ID# cash CK#	Sam's Club Rochester, Mn	Candy for Parade	9.97
9/05/12	1D# CK# <sub>1002</sub>	Signs and Designs Cresco, Iowa	Pickup Signs	51.36
9/05/12	ID# cash	Cresco Bank and Trust Cresco, Iowa	New Check Blanks for Campaign	16.25
			SUB-TOTAL	\$ 525.58

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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#### EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME	(Must be same as on	Statement of Organization)

Gamez For Supervisor

CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
ID# CK#1001	Capitol Promotions Glenside, Pa 19038	Business Card Magnets	\$ 166.00
ID# CK# 1003	Capitol Promotions Glenside, Pa 19038	Yard Sign Wires	47.00
ID# CK# 1004	Cresco Shopper	Ad for Campaign and Flyers	154.80
ID# CK# <sub>1005</sub>	Times Plain Dealer	Ad for Campaign	51.60
ID# CK#			
ID#			
ID# CK#			
ID#		A MAN MAN AND AND AND AND AND AND AND AND AND A	
	ID NUMBER (if applicable) AND PAC CHECK NUMBER  ID#  CK# 1001  ID#  CK# 1003  ID#  CK# 1004  ID#  CK# 1005  ID#  CK# ID#  CK# ID#  CK# ID#  CK# ID#	ID NUMBER (if applicable) AND PAC CHECK NUMBER  ID# Capitol Promotions Glenside, Pa 19038  ID# CK# 1003  ID# CK# 1004  Cresco Shopper  ID# CK# 1005  ID# CK# 1005  ID# CK#	ID NUMBER (if applicable) AND PAC CHECK NUMBER  ID#  Capitol Promotions Glenside, Pa 19038  ID#  CK# 1004  Cresco Shopper  ID#  CK# 1005  Times Plain Dealer  ID#  CK#  ID#  CK#

TOTAL (if last page of this schedule)

\$ 944.98

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, politing, managing, organizing services must also be detail iternized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A,402(3)(I).)

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Reset Form

MONETARY

SCHEDULE

### For Instructions, See Back of Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF
Gamez for Supervisor		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (# applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
5/22/12	CK# <sub>6370</sub>	Personal Account		\$54.00	INGGISIE
6/11/12	ID# CK# <sub>6377</sub>	Personal Account		\$51.60	
7/26/12	ID# CK# 6391	Personal Account		\$314.11	
7/28/12	Cash CK#	Personal Funds		\$14.70	
8/06/12	Cash	Personal Funds		\$13.59	
8/24/12	ID# Cash CK#	Personal Funds		\$400.00	
9/05/12	ID# CK# <sub>****</sub>	Mr. and Mrs. Max S. Schmidt 16259 Fir Ave. Elma, Iowa	Friend	\$25.00	
9/05/12	ID# CK# <sub>****</sub>	Ms. Rosa Lopez 9516 Garnet Lane Johnston, Iowa	Sister	\$100.00	
10/12/12	ID# Cash CK#	Personal Account		\$300.00	
	ID# CK#				
			SUB-TOTAL	\$ 1273.00	

TOTAL (If last page of this schedule)

of 1 Page (for Schedule A)

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.